

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 14
OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Mr.

Ron

NICKNAME

LAST

SUFFIX

Wright

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5505 Override Drive
Arlington, TX 76017☐ Change of Address**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

Mr.

Ralph

NICKNAME

LAST

SUFFIX

Brotherton

**6 CAMPAIGN
TREASURER
ADDRESS**

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2310 Rolling Hills Trail
Arlington, TX 76011**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 274-7483

8 REPORT TYPE☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

04/04/2006

05/03/2006

10 ELECTION

Month

Day

Year

05/13/2006

ELECTION TYPE

☐

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

Arlington City Council District 7

12 OFFICE SOUGHT (if known)

Arlington City Council District 7

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Wright, Ron (Mr.)

15 ACCOUNT # (Ethics Commission filers)
0000000116 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 599.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,599.39

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 17,675.53

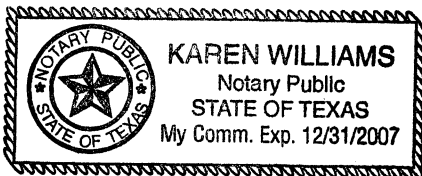
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 7,859.45

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ron Wright
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Wright, this the 5th day of May, 2006, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9 Report: 3/14	
2 FILER NAME Wright, Ron (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/26/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Bohn (Dr.) 6 Contributor address; City; State; Zip Code 706 Loch Lomond Arlington, TX 76012	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions) Retired	
Date 04/13/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Anderson, D. S. (Mrs.) Contributor address; City; State; Zip Code 4612 Isabella Dallas, TX 75229	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)	
Date 04/24/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ashworth, Clyde (Mr.) Contributor address; City; State; Zip Code 3 Homeplace Court Arlington, TX 76016	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 04/30/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bailey, Kathy (Dr.) Contributor address; City; State; Zip Code 733 North Fielder Road Suite B Arlington, TX 76012	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self	
Date 04/26/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Besley, Kent (Mr.) Contributor address; City; State; Zip Code 2800 California Lane Arlington, TX 76015	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/9 Report: 4/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Boswell, Herman (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

04/26/2006

6 Contributor address; City; State; Zip Code
1718 S. Cooper Street
Arlington, TX 76013-3939

\$250.00

9 Principal occupation / Job title (See Instructions)
Owner

10 Employer (See Instructions)
Boswell Realty

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Carriker, Ed (Dr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/26/2006

Contributor address; City; State; Zip Code
811 Tanglewood Lane
Arlington, TX 76012

\$100.00

Principal occupation / Job title (See Instructions)
Dentist

Employer (See Instructions)
Retired

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Casselberry, Carolyn (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/30/2006

Contributor address; City; State; Zip Code
702 Findley Drive
Arlington, TX 76012

\$100.00

Principal occupation / Job title (See Instructions)
Ebby Halliday

Employer (See Instructions)
Realtor

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Cravens, Carl (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/26/2006

Contributor address; City; State; Zip Code
410 Bryce Lane
Arlington, TX 76013

\$100.00

Principal occupation / Job title (See Instructions)
Banker

Employer (See Instructions)
Compass Bank

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Cravens, Tom (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/24/2006

Contributor address; City; State; Zip Code
610 Randol Mill Road
Arlington, TX 76011

\$100.00

Principal occupation / Job title (See Instructions)
Banker

Employer (See Instructions)
Compass Bank

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 3/9 Report: 5/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date **5** Full name of contributor ☐ out-of-state PAC(ID# _____)
04/24/2006 Cribbs, James (Mr.)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$250.00

6 Contributor address; City; State; Zip Code
P.O. Box 13060
Arlington, TX 76094

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Cribbs McFarland

Date Full name of contributor ☐ out-of-state PAC(ID# _____)
04/23/2006 Culver, Sally (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$100.00

Contributor address; City; State; Zip Code
1200 Canterbury Court
Arlington, TX 76013

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC(ID# _____)
04/26/2006 Curtis, Wiley (Dr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$100.00

Contributor address; City; State; Zip Code
1334 E. Pioneer Parkway
Arlington, TX 76016

Principal occupation / Job title (See Instructions)
Owner/Optometrlist

Employer (See Instructions)
Vision Source - Arlington

Date Full name of contributor ☐ out-of-state PAC(ID# _____)
04/26/2006 Defrang, Roger (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$100.39

Contributor address; City; State; Zip Code
2200 Shady View Court
Arlington, TX 76013

Principal occupation / Job title (See Instructions)
V.P. Sales

Employer (See Instructions)
Dickinson Brands, Inc.

Date Full name of contributor ☐ out-of-state PAC(ID# _____)
04/24/2006 Dixon, Harold (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$200.00

Contributor address; City; State; Zip Code
305 Shady Lane S.
Arlington, TX 76001

Principal occupation / Job title (See Instructions)
Land Development

Employer (See Instructions)
Gra-son Land, Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/9 Report: 6/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/27/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Duncan, Jan (Mrs.)

6 Contributor address; City; State; Zip Code
1210 Brittany Lane
Arlington, TX 76013

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
Homemaker

10 Employer (See Instructions)

Date

04/22/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Ellis, Clay E. (Dr.)

Contributor address; City; State; Zip Code
1 Homeplace Court
Arlington, TX 76016

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Orthodontist

Employer (See Instructions)
Self

Date

04/25/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Garbo, Jack (Mr.)

Contributor address; City; State; Zip Code
4920 Stage Line Drive
Arlington, TX 76017

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Garbo Law Offices, PC

Date

04/13/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Hammer & Nails Club - Candidate PAC

Contributor address; City; State; Zip Code
6464 Brentwood Stair Road
Fort Worth, TX 76112-2870

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Hanson, Mark (Dr.)

Contributor address; City; State; Zip Code
2705 Butler Drive
Arlington, TX 76012

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Optometrist

Employer (See Instructions)
Self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 5/9 Report: 7/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/25/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Humphrey, A.L. (Dr.)

6 Contributor address; City; State; Zip Code
2400 Panorama Court
Arlington, TX 76016

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Doctor

10 Employer (See Instructions)
Self

Date

04/21/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Kent, Pam (Mrs.)

Contributor address; City; State; Zip Code
1304 Crownhill Court
Arlington, TX 76012

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Bass Enterprises

Date

04/22/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Lester, Sam (Mr.)

Contributor address; City; State; Zip Code
2412 Lakeview
Arlington, TX 76013

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Owner/Operator

Employer (See Instructions)
Catfish Sam's Restaurant

Date

04/26/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Luke, J. (Mr.)

Contributor address; City; State; Zip Code
P.O. Box 1024
Arlington, TX 76004

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

04/25/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Maibach, Jim (Mr.)

Contributor address; City; State; Zip Code
6501 Baldwin Acres Court
Arlington, TX 76001

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Real Estate Manager

Employer (See Instructions)
Peyco Southwest Realty, Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 8/14	
2 FILER NAME Wright, Ron (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/26/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin, Gary C. (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 91588 Arlington, TX 76015-0088	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Vice Chairman		10 Employer (See Instructions) Martin Sprocket and Gear	
Date 04/25/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McFarland, Bob (Hon.) Contributor address; City; State; Zip Code P.O. Box 13060 Arlington, TX 76094	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cribbs McFarland	
Date 04/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McKnight, Kelly (Mr.) Contributor address; City; State; Zip Code 3209 Sublett Road Arlington, TX 76017-5226	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Wrecker Service (Self)	
Date 04/27/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moore, Jim (Mr.) Contributor address; City; State; Zip Code 2001 Central Circle Suite 106 McKinney, TX 75069	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manufacturing/Marketing		Employer (See Instructions) Emission Solutions, Inc.	
Date 04/26/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moritz, David (Mr.) Contributor address; City; State; Zip Code 2111 N. Collins Suite 323 Arlington, TX 76011	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Moritz Automobile Dealership	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/9 Report: 9/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
MPAC Arlington PAC

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

04/24/2006

6 Contributor address; City; State; Zip Code
P.O. Box 174474
Arlington, TX 76003-4474

\$200.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Nix, Ben (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/25/2006

Contributor address; City; State; Zip Code
1309 W. Abram
Suite 203
Arlington, TX 76012

\$500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Ben C. Nix & Associates

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Petsche, Mary K. (Mrs.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/25/2006

Contributor address; City; State; Zip Code
2211 Shadywood Court
Arlington, TX 76012

\$150.00

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Petsche Manufacturing Co.

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Piel, Andrew (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/27/2006

Contributor address; City; State; Zip Code
4402 Murwick Drive
Arlington, TX 76016

\$150.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Harrison Steck

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Saunders, Buddy (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/25/2006

Contributor address; City; State; Zip Code
1309 Hillary Lane
Arlington, TX 76012

\$200.00

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Lone Star Comics

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 8/9 Report: 10/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/26/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Steffkovich, Nick (Mr.)

6 Contributor address; City; State; Zip Code
1212 Harrison Avenue
Arlington, TX 76011

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Manager

10 Employer (See Instructions)
Duncan Disposal

Date

04/23/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Stewart, Gene (Mr.)

Contributor address; City; State; Zip Code
2127 Rocky Branch Drive
Arlington, TX 76013

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date

04/24/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Tesmer, David (Mr.)

Contributor address; City; State; Zip Code
611 Ryan Plaza
Suite 900
Arlington, TX 76011

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Manager

Employer (See Instructions)
Texas Health Resources

Date

04/14/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
TREPAC/Texas Association of Realtors PAC

Contributor address; City; State; Zip Code
P.O. Box 1986
Austin, TX 78767-1986

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/26/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Turner, Jim (Dr.)

Contributor address; City; State; Zip Code
3802 Indian Springs Trail
Arlington, TX 76016-1332

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Doctor (Vet.)

Employer (See Instructions)
Self

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 9/9 Report: 11/14

2 FILER NAME Wright, Ron (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

04/26/2006

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Wilemon, E. J. (Mr.)

6 Contributor address; City; State; Zip Code
4100 Shady Valley Drive
Arlington, TX 76013

7 Amount of
contribution (\$)

\$300.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

Date

04/24/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Wilemon, Marjoray (Ms.)

Contributor address; City; State; Zip Code
4111 Shady Valley Drive
Arlington, TX 76013

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)

Date

04/25/2006

Full name of contributor ☐ out-of-state PAC(ID# _____)
Williams, Jeff (Mr.)

Contributor address; City; State; Zip Code
6948 Poly Webb Road
Arlington, TX 76016

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Civil Engineer

Employer (See Instructions)
Graham Associates, Inc.

LOANS**SCHEDULE E**The ~~I~~STRUCTION GUIDE explains how to complete this form.**1** PAGE #

Schedule: 1/1 Report: 12/14

2 FILER NAME Wright, Ron (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4

TOTAL OF UNITEMIZED LOANS:

⇒⇒⇒⇒⇒⇒

\$

15,128.00

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)**6** Is lender a
financial Institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 1/2 Report: 13/14

2 FILER NAME Wright, Ron (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000001

4 Date**5** Payee name

Murphy Turner & Associates

7

Amount

(\$)

04/15/2006

6 Payee address; City; State; Zip Code816 Congress Avenue
Suite 1160
Austin, TX 78701

\$8,500.00

8 Purpose of payment (See instructions regarding type of information required.)

Retainer for Re-election campaign

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Murphy Turner & Associates

Amount

(\$)

04/26/2006

Payee address; City; State; Zip Code

816 Congress Avenue
Suite 1160
Austin, TX 78701

\$5,148.99

Purpose of payment (See instructions regarding type of information required.)

Campaign Printing, Design, Mailing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Murphy Turner & Associates

Amount

(\$)

04/27/2006

Payee address; City; State; Zip Code

816 Congress Avenue
Suite 1160
Austin, TX 78701

\$838.24

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name

Murphy Turner & Associates

Amount

(\$)

05/01/2006

Payee address; City; State; Zip Code

816 Congress Avenue
Suite 1160
Austin, TX 78701

\$983.30

Purpose of payment (See instructions regarding type of information required.)

Campaign Materials, Printing, Design

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 14/14

2 FILER NAME Wright, Ron (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000001

4 Date

04/26/2006

5 Payee name
US Postmaster**6** Payee address; City; State; Zip Code**7** Amount
(\$)

\$2,205.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage for Mailed Campaign Material

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held: